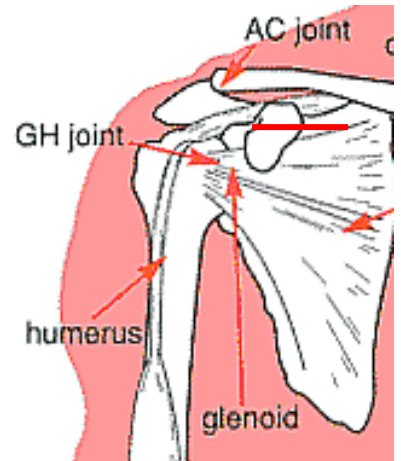


# ACROMIOCLAVICULAR JOINT SEPARATION (AC joint separation or sprain)

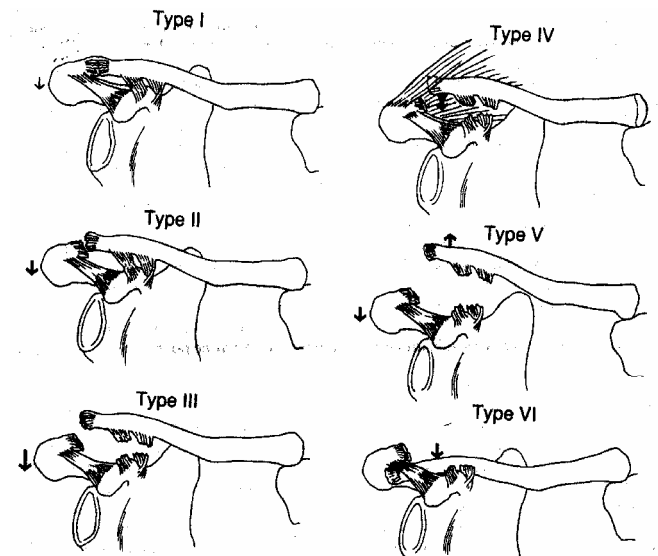
## ◆ What is it?

Acromioclavicular (AC) separation is a sprain (partial or complete tear) of the ligaments on the top of the shoulder where the collarbone (clavicle) attaches to the top of the shoulder (acromion). The structures involved are the acromioclavicular (AC) and coracoclavicular (CC) ligaments. These attach the clavicle to the acromion and coracoid processes.



## ◆ Signs and Symptoms of this Condition

- Pain, tenderness, swelling, and sometimes creptitus (clicking or crackling sound) on the top of the shoulder (at the AC joint)
- There may be a big bump on the top of the shoulder where the bones have separated causing a “step-off deformity” (seen in Grade II or Grade III separations)
- Painful use/motion of the upper extremity on the side of the injured shoulder
- Well localized pain at the AC joint especially when reaching across the body towards the opposite shoulder
- Bruising sometimes appears around the AC joint and into the chest (24-48 hours after injury)



## ◆ Causes

- Usually involves a fall directly on the top of the shoulder/AC joint

## ◆ What Can I do to Prevent an Acromioclavicular Joint Separation?

- Wear appropriate protective equipment when playing contact sports
- Avoid falls directly on the top of the shoulder

## ◆ Prognosis

- Symptoms usually resolve with adequate rest, ice, protection (sling), and avoiding painful activities with the injured upper extremity.

- Acromioclavicular joint separations are graded in severity from Grade I to Grade III, with Grade III being the most severe. Healing time is usually the shortest for Grade I and the longest with Grade III. A good rule of thumb is 6-8 weeks for Grade I and Grade II injuries.
- Most injuries resolve with conservative treatment, but some Acromioclavicular joint separations may require an injection or surgery (this option is somewhat controversial in the published research)

## ◆ Treatment

- Protection – wearing of sling for comfort until symptoms subside to the point you can go without the sling without significant pain (from 1-3 or 4 weeks depending upon severity of the injury)
- Rest – avoid overhead motions and motions across the body; avoid weightlifting, push-ups or pull-ups, and pushing or pressing motions of the shoulder/upper extremity
- Ice over the Acromioclavicular joint 15-20 minutes 1-2 times per day
- Anti-inflammatory medication (aspirin, ibuprofen, etc) may be helpful in reducing both pain and inflammation
- Progress into regaining range of motion of the shoulder as pain resolves and more motion is tolerated
- As range of motion of the shoulder returns, progress into strengthening under the direction of a physical therapist.